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EXAMINER	
WOODS, TERESA S	

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NOTIFICATION DATE	DELIVERY MODE
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Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Notice of the Office communication was sent electronically on above-indicated "Notification Date" to the following e-mail address(es):

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Office Action Summary	Application No.	Applicant(s)	
	10/784,279	TAKAYAMA ET AL.	
	Examiner	Art Unit	
	TERESA WOODS	4114	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE *3* MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on *24 February 2004*.

2a)☐ This action is **FINAL**. 2b)☒ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *1-64* is/are pending in the application.

4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *1-64* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on *02/24/04* is/are: a)☒ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☒ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☒ Information Disclosure Statement(s) (PTO/SB/08) Paper No(s)/Mail Date *02/24/04*.
4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____ .
5) ☐ Notice of Informal Patent Application
6) ☐ Other: _____.

DETAILED ACTION

Status of Claims

1. This action is in reply to the application filed on 02/24/2004.

2. Claims 1-64 are currently pending and have been examined.

Claim Rejections - 35 USC § 101

3. 35 U.S.C. 101 reads as follows:

> Whoever invents or discovers any new and useful process, machine, manufacture, or composition of matter, or any new and useful improvement thereof, may obtain a patent therefor, subject to the conditions and requirements of this title.

4. Claims 1-64 are rejected under 35 U.S.C. 101 because there is no usable software, graphical user interface (GUI) or word processor tied to the system along with a physical transformation needed to produced. More than networking components are needed to encompass a system, in its entirety.

Claim Rejections - 35 USC § 112, 2nd Paragraph

5. The claims are generally narrative and indefinite, failing to conform with current U.S. practice. They appear to be a literal translation into English from a foreign document and are replete with grammatical and idiomatic errors.

6. Claims 3, 8, 10, 17, 18, 20, 23, 27, 29, 32, 34, 36, 39-42, 44, 48, 55, 60, and 61 are rejected under 35 U.S.C. 112, 2nd paragraph, because the terminology is inconsistent with ordinary meaning.

7. Claims 1, 2, 3, 5, 6, 8, 12, 16, 18-20, 23, 24, 27, 34 and 62 recite the limitation "doctor information" throughout. Does this mean doctor's medical findings based on a patient's medical evaluation or examination?

8. Claims 46 and 47 recite the limitation "situation information" throughout. Does this mean the incidental information acquired while evaluating or examining a medical patient?

9. Claims 41, 3, 8, 10, 17, 18, 20, 23, 27, 29, 32, 34, 36, 39-44, 48, 55, 60 and 61 recite the limitation "first processor", "second processor" and "third processor" throughout. Are these processors word processors, detailing of a software program or graphical user interface (GUI)?

10. Claims 27-29, 32, 33 and 41-43 recite the limitation "facility information" throughout. Does this mean the medical facility where a patient is currently being evaluated or examined? Or, does it mean medical facility the patient is referred to after a patient is evaluated or examined?

11. Claim 48 recites the limitation "information type" throughout. Does this simply mean the type of medical information a doctor or patient would request according to a medical procedure performed?

Claim Rejections - 35 USC § 102

12. The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

> A person shall be entitled to a patent unless –
>
> (b) the invention was patented or described in a printed publication in this or a foreign country or in public use or on sale in this country, more than one year prior to the date of application for patent in the United States.

13. Claims 43 and 63 are rejected under 35 U.S.C. 102(b) as being anticipated by Lawrence (US 6,272,481 B1).

14. **Claim 43:**

Lawrence, as shown, discloses the following limitations*:*

- *an input unit configured to input patient location information from the remote terminal through the network* (see at least Fig. 2, column 7, lines 5-14)*;*

  This citation describes a hospital network where both a doctor and a patient can utilize a computer regardless of its location; as long as the end-user is logged into the network remotely.

- *a processor configured to collect medical facility information based on the patient location information; and* (see at least Fig. 2, column 6, lines 16-35)

This citation shows a hospital network with processors being utilized among multiple medical facilities.

- *a transmitter configured to transmit the medical facility information to the remote terminal* (see at least Fig. 2, column 6, lines 16-35).

This citation shows a hospital network with computers being used as access points among multiple medical facilities to transmit information remotely.

15. **Claim 63:**

Lawrence, as shown, discloses the following limitations:

- *inputting first patient information and use information from the remote terminal* (see at least Fig. 1, Fig. 2, column 15, lines 54-65);

This citation describes a hospital network where a patient's medical conditions can be entered using a computer. Also, the figures show the network physician and patient access points used to remotely access patient information.

- *making a request to one or more databases so as to collect second patient information based on the first patient information and the use information and* (see at least Fig. 2, column 15, line 40 to column 16, line 45);

The first citation describes an expert system using a general patient database to gather patient information.

- *transmitting the second patient information to the remote terminal as the certain information* (see at least Fig. 1, Fig. 2, column 15, lines 54-65).

This citation describes a hospital network where a patient's medical information can be transmitted using a computer. Also, the figures show network physician and patient access points being available remotely.

Claim Rejections - 35 USC § 103

16. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

17. The factual inquiries set forth in *Graham* **v.** *John Deere Co.*, 383 U.S. 1, 148 USPQ 459 (1966), that are applied for establishing a background for determining obviousness under 35 U.S.C. 103(a) are summarized as follows:

1. Determining the scope and contents of the prior art.
2. Ascertaining the differences between the prior art and the claims at issue.
3. Resolving the level of ordinary skill in the pertinent art.
4. Considering objective evidence present in the application indicating obviousness or nonobviousness.

18. Claims 1, 6-8, 10, 12, 17-29, 32-42, 44-47, 49 and 60 are rejected under 35 U.S.C. 103(a) as being unpatentable over Lawrence (US 6,272,481 B1) in view of Guan (US 2002/0194029 A1).

19. **Claim 1:**

Lawrence, as shown, discloses the following limitations:

- *an input unit configured to input patient condition information from the remote terminal through the network* (see at least Fig. 1, Fig. 2, column 15, lines 54-65)*;*

This citation describes a hospital network where a patient's medical conditions can be entered using a computer. Also, the figures show the network physician and patient access points which are used as input units.

- *a transmitter configured to transmit the first doctor information to the remote terminal* (see at least column 15, lines 54-64)*.*

This citation describes a hospital network where a doctor can enter a patient's medical information using a computer remotely. Lawrence discloses the limitations as shown in the rejections above. Lawrence does not disclose the following limitation, but Guan discloses:

- *a first processor configured to collect first doctor information based on the patient condition information; and* (see at least ¶0012, ¶0020)

The first citation describes a hospital network where a multitude of doctors, referral doctors, specialist and medical staff members have access to inputting patient's medical information. The second citation describes how a multitude of patient medical records can be used by doctors to diagnose patients. Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Lawrence's computer input unit and transmitter with Guan's ability for doctors to collect a patient's condition-based information to provide a more comprehensive way to update a patients medical records. The

benefit is to save time diagnosing a patient. Therefore, this would help to improve the quality of healthcare.

20. **Claim 6:**

Lawrence and Guan disclose the limitations as shown in the rejections above. Furthermore, Lawrence discloses *wherein a medical specialist for the patient is determined based on the first doctor information* (see at least column 7, lines 56-60). The citation describes the referral process used when an unusual and specific medical condition occurs in this hospital system.

21. **Claim 7:**

Lawrence and Guan disclose the limitations as shown in the rejections above. Lawrence further discloses *wherein the input unit is configured to input patient identification information from the remote terminal* (see at least column 20, lines 15-30). The citation describes a remotely accessed processor used to access a patient's information with an identification card.

22. **Claim 8:**

Lawrence and Guan disclose the limitations as shown in the rejections above. Lawrence further discloses *further comprising a second processor configured to collect patient information based on the patient identification information, and wherein the first processor collects the first doctor information*

based on the patient condition information and the patient information (see at least column 20, lines 15-30; column 17, lines 21-33). The first citation describes a processor used to access a patient's information with an identification card. The second citation describes the multi-processor used to store patient information or conditions.

23. **Claim 10:**

Lawrence and Guan disclose the limitations as shown in the rejections above. Lawrence further discloses *wherein the system is connected to a database storing at least the patient information, and wherein the second processor collects the patient information from the database* (see at least column 15, line 65 to column 16, line 17).

24. **Claim 12:**

Lawrence and Guan disclose the limitations as shown in the rejections above. Lawrence further discloses *wherein the transmitter is configured to transmit the patient condition information and the patient information to a first doctor determined based on the first doctor information by the remote terminal* (see at least Fig. 4, Fig. 5, column 7, lines 24-31, column 8, lines 28-36). In this citation, a physician access point unit is serving as transmitter to transmit patient information and data.

25. **Claims 17-29, 32-42, 45:**

Lawrence and Guan disclose the limitations as shown in the rejections above. Lawrence further discloses:

- *17. further comprising a third processor configured to establish a connection between the remote terminal and a second remote terminal used by the first doctor* (see at least Fig. 1, Fig. 2, Fig. 4, Fig. 5, column 10, lines 36-60, column 15, lines 54-65).
- *18. wherein the first processor is further configured to collect second doctor information based on the patient condition information, and wherein the transmitter is configured to transmit the second doctor information to the remote terminal and a second remote terminal used by the first doctor* (see at least Fig. 1, Fig. 2, column 10, lines 36-60, column 15, lines 54-65, column 20, lines 14-31).
- *19. further comprising a database configured to store the second doctor information* (see at least Fig. 1, Fig. 2, Fig. 4, Fig. 5, column 10, lines 36-60, column 15, lines 54-65).
- *20. wherein the system is connected to a database storing at least the second doctor information, wherein the first processor collects the second doctor information from the database* (see at least Fig. 1, Fig. 2, Fig. 4, Fig. 5, column 10, lines 36-60, column 15, lines 54-65) .

- *21. The system according to claim 20, wherein the database is provided at an external location* (see at least Fig. 1, Fig. 2, Fig. 4, Fig. 5, column 10, lines 36-60, column 15, lines 54-65)*.]*
- *22. wherein the input unit is configured to input patient identification information from the remote terminal* (see at least column 20, lines 14-31)*.*
- *23. further comprising a second processor configured to collect patient information based on the patient identification information, wherein the first processor collects the second doctor information based on the patient condition information and the patient information* (see at least Fig. 1, Fig. 2, Fig. 4, Fig. 5, column 10, lines 36-60, column 15, lines 54-65)*.*
- *24. wherein the transmitter is configured to transmit the patient condition information and the patient information to a second doctor determined based on the second doctor information* (see at least Fig. 1, Fig. 2, Fig. 4, Fig. 5, column 10, lines 36-60, column 15, lines 54-65)*.*
- *25. wherein the second doctor is a medical specialist* (see at least column 13, lines 27-31)*.*
- *26. wherein the second doctor is an interpretation doctor* (see at least column 11, lines 18-22)*.*
- *27. wherein the first processor is configured to collect medical facility information based on the patient condition information, and wherein the transmitter is configured to transmit the medical facility information to the remote terminal and a second remote terminal used by a first doctor determined based on the first*

doctor information by the remote terminal (see at least Fig. 1, Fig. 2, Fig. 4, Fig. 5, column 10, lines 36-60, column 15, lines 54-65, column 20, lines 14-31).

- *28. further comprising a database configured to store the medical facility information* (see at least column 10, lines 36-60) .
- *29. wherein the system is connected to a database storing at least the medical facility information, wherein the processor collects the medical facility information from the database* (see at least column 10, lines 36-60).
- *32. further comprising a second processor configured to collect patient information based on the patient identification information, and wherein the first processor collects the medical facility information based on the patient condition information and the patient information* (see at least Fig. 1, Fig. 2, Fig. 4, Fig. 5, column 10, lines 36-60, column 15, lines 54-65, column 20, lines 14-31).
- *33. wherein the transmitter is further configured to transmit the patient condition information and the patient information to a medical facility determined based on the medical facility information* (see at least Fig. 2, column 7, lines 5-14, column 10, lines 36-60).
- *34. further comprising a second processor configured to collect medical information based on the patient condition information, and wherein the transmitter is further configured to transmit the medical information to the remote terminal and a second remote terminal used by a first doctor determined based on the first doctor information by the remote terminal* (see at least Fig. 1, Fig. 2,

Fig. 4, Fig. 5, column 10, lines 36-60, column 15, lines 54-65, column 20, lines 14-31).

- *35. further comprising a database configured to store the medical information* (see at least Fig. 1, Fig. 2, Fig. 4, Fig. 5, column 10, lines 36-60, column 15, lines 54-65).
- *36. wherein the system is connected to a database storing at least the medical information, wherein the second processor collects the medical information from the database* (see at least Fig. 1, Fig. 2, Fig. 4, Fig. 5, column 10, lines 36-60, column 15, lines 54-65).
- *37. wherein the database is provided at an external location* (see at least Fig. 2, column 7, lines 5-14).
- *38. wherein the input unit is further configured to input patient identification information from the remote terminal* (see at least column 20, lines 14-31).
- *39. wherein the second processor is configured to collect patient information based on the patient identification information, and wherein the second processor collects the medical information based on the patient condition information and the patient information* (see at least Fig. 1, Fig. 2, Fig. 4, Fig. 5, column 10, lines 36-60, column 15, lines 54-65, column 20, lines 14-31).
- *40. further comprising a third processor configured to establish a connection between the second remote terminal and a third remote terminal used by the second doctor* (see at least Fig. 1, Fig. 2, Fig. 4, Fig. 5, column 10, lines 36-60, column 15, lines 54-65) .

- *41. further comprising a third processor configured to establish a connection between a third remote terminal used by the second doctor and a medical facility* (see at least Fig. 1, Fig. 2, Fig. 4, Fig. 5, column 10, lines 36-60, column 15, lines 54-65).
- *42. further comprising a third processor configured to establish a connection between the second remote terminal and the medical facility* (see at least Fig. 1, Fig. 2, Fig. 4, Fig. 5, column 10, lines 36-60, column 15, lines 54-65) .
- *45. wherein the first patient information includes patient identification information and patient health condition information* (see at least Fig. 1, Fig. 2, column 10, lines 36-60, column 15, lines 54-65, column 20, lines 14-31).

These citations as a whole, show Lawrence's hospital network with three major processors with databases that transmit and receive patient medical information, patient medical conditions, medical facility information, verify the proper deductions necessary in medical procedures and doctor referral system when a patient's conditions change. Also, some of the figures show network physician and patient access points which are terminals being used remotely. Lawrence's hospital network discloses all limitations mentioned above.

26. **Claim 44:**

Lawrence, as shown, discloses the following limitations:

- *an input unit configured to input first patient information and use information from the remote terminal* (see at least Fig. 1, Fig. 2, column 15, lines 54-65);

This citation describes a hospital network where a patient's medical information can be entered using a computer. Also, the figures show the network physician and patient access points which are used as input units.

- *a transmitter configured to transmit the second patient information to the remote terminal* (see at least Fig. 1, Fig. 2, column 15, lines 54-65).

This citation describes a hospital network where a patient's medical information can be transmitted using a computer. Also, the figures show network physician and patient access points being available remotely.

- *a processor configured to make a request to one or more of the databases so as to* (see at least Column 3, lines, 8-18).

The first citation describes a hospital network where a multitude of databases and processors are used. This citation describes a multitude of patient information accessible within the network.

Lawrence discloses the limitations as shown in the rejections above. Lawrence does not disclose the following limitation, but Guan discloses:

- *collect second patient information based on the first patient information and the use information; and* (see at least ¶0012)

This citation describes a patient medical record system that dynamically exchanges information regardless of the stage that a patient's information is entered.

27. Claim 46:

Lawrence and Guan disclose the limitations as shown in the rejections above. Lawrence further discloses *wherein the use information includes user identification information, user role information, and situation information* (Law, see at least Fig. 3, column 10, lines 53-60). In this citation, the situation and user role information is shown in the form of medical resources being allocated depending on the medical situation of the patient. It also makes reference to the variety of services performed depending on the situation of the patient.

28. Claim 47:

Lawrence and Guan disclose the limitations as shown in the rejections above. Lawrence and Guan don't disclose the following limitations. Lawrence further discloses *wherein the situation information includes user location information* (see at least Fig. 3, column 5, lines 53-63, column 10, lines 53-60). In this citation, user location is anywhere an individual can collect information about the patient remotely within the network. It also makes reference to appropriate medical facilities depending on patient's medical needs.

29. Claim 49:

Lawrence and Guan disclose the limitations as shown in the rejections above. Lawrence further discloses *further comprising a deduction unit configured to deduce a medical condition of the patient based on the first and second patient*

information (Law, see at least column 15, lines 54-64). In this citation, a computer is the unit used to deduce a medical problem with a solution. The first and second patient information is the plurality of task involved when diagnosing a medical patient.

30. **Claim 60:**

Lawrence and Guan disclose the limitations as shown in the rejections above. Lawrence further disclose *further comprising a second processor configured to request the remote terminal to input additional information when the additional missing is determined to be missing* (Law see at least column 8, lines 24-34, column 16, lines 46-51). In this citation, the emphasis is requesting additional information when no conclusive diagnosis can be determined. The second citation emphasizes on end users having the ability to request additional information, remotely.

31. Claims 14, 31 and 58 are rejected under 35 U.S.C. 103(a) as being unpatentable over Lawrence (US 6,272,481 B1) in view of Guan (US 2002/0194029 A1) further in view of Guan (US 2002/0194029 A1).

32. **Claim 14:**

Lawrence and Guan disclose the limitations as shown in the rejections above. Lawrence and Guan does not disclose the following limitations. Guan further discloses *wherein the remote terminal is used in an ambulance* (Guan,

see at least ¶0028). Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Lawrence and Guan's cyber hospital system with Guan's ambulance access, because it would save time providing urgent medical care to a patient. Therefore, this would help to improve the quality of healthcare.

33. **Claim 31:**

Lawrence and Guan disclose the limitations as shown in the rejections above. Lawrence and Guan does not disclose the following limitations. Lawrence does disclose *wherein the input unit is further configured to input patient identification information from the remote terminal* (see at least column 20, lines 14-31). Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Lawrence and Guan's cyber hospital system with Lawrence's ability to enter patient identification information remotely, because it would save time retrieving medical data of a patient. Therefore, this would help to improve the quality of healthcare.

34. **Claim 58:**

Lawrence and Guan disclose the limitations as shown in the rejections above. Lawrence and Guan does not disclose the following limitations. Guan further discloses *further comprising a preparation unit configured to prepare a display window to be displayed in the remote terminal, the display window*

including a virtual patient body, wherein the second patient information relating to a part designated on the virtual patient body is displayed in the display window Guan, Fig. 1, ¶0026). Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Lawrence and Guan's cyber hospital system with Guan's patient body images on a display screen because, it would save time when interpreting doctors need to see images needed while diagnosing patient. Therefore, this would help to shorten the time it takes for a doctor to diagnose a medical patient.

35. Claims 2-5, 9, 11, 13, 15, 16, 30, 48, 50-57, 59, 61, 62 and 64 are rejected under 35 U.S.C. 103(a) as being unpatentable over Lawrence (US 6,272,481 B1) in view of Guan (US 2002/0194029 A1) further in view of Official Notice.

36. **Claim 2:**

Lawrence and Guan disclose the limitations as shown in the rejections above. Lawrence and Guan does not disclose *further comprising a database configured to store the first doctor information*. However, the Examiner takes **Official Notice** that it is old and well-known in the medical arts for a doctor to store general and patient information in a database. Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Lawrence and Guan's cyber hospital system with an ability to store general and patient information in a database because, it would help to update a

patients medical records. The benefit is to save time diagnosing a patient. Therefore, this would help to improve the quality of healthcare.

37. Claim 3:

Lawrence and Guan disclose the limitations as shown in the rejections above. Lawrence and Guan does not disclose *wherein the system is connected to a database storing at least the first doctor information, and wherein the first processor collects the first doctor information from the database*. However, the Examiner takes **Official Notice** that it is old and well-known in the medical arts for a doctor to store information in a database that uses processors. Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Lawrence and Guan's cyber hospital system with an ability to store information in a database that uses processors because, it would help to update a patients medical records. The benefit is to save time and resources diagnosing a patient. Therefore, this would help to improve the quality of healthcare.

38. Claim 4:

Lawrence and Guan disclose the limitations as shown in the rejections above. Lawrence and Guan does not disclose *wherein the database is provided at an external location*. However, the Examiner takes **Official Notice** that it is old and well-known in the Information Technology (IT) arts for a network to have an

externally located database processor to store doctor's information. Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Lawrence and Guan's cyber hospital system with a remote database that uses processors because, it would help to safeguard the information stored in the database. The benefit is to improve the integrity of stored patient medical records.

39. **Claim 5:**

Lawrence and Guan disclose the limitations as shown in the rejections above. Lawrence and Guan does not disclose *wherein a patient's primary physician is determined based on the first doctor information*. However, the Examiner takes **Official Notice** that it is old and well-known in the medical arts to be able to retrieve a patient's primary physician based a doctor's information. Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Lawrence and Guan's cyber hospital system with an ability to determine a patient's primary because, it would help to keep track of a patient's medical records pertaining to their doctor. The benefit is to improve the integrity of stored patient medical records.

40. **Claim 9:**

Lawrence and Guan disclose the limitations as shown in the rejections above. Lawrence and Guan does not disclose *further comprising a database*

configured to store the patient information. However, the Examiner takes **Official Notice** that it is old and well-known in the medical arts to be able to store a patient's information in a database. Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Lawrence and Guan's cyber hospital system with an database of patient medical records because, it would help to keep track of a patient's medical records pertaining to their doctor. The benefit is to improve the integrity of stored patient medical records.

41. **Claim 11:**

Lawrence and Guan disclose the limitations as shown in the rejections above. Lawrence and Guan does not disclose *wherein the database is provided at an external location*. However, the Examiner takes **Official Notice** that it is old and well-known in the Information Technology (IT) arts for a network to have an externally located database processor to store doctor's information. Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Lawrence and Guan's cyber hospital system with an accessible database because, it would help to safeguard the information stored in the database. The benefit is to improve the integrity of stored patient medical records.

42. **Claim 13:**

Lawrence and Guan disclose the limitations as shown in the rejections above. Lawrence and Guan does not disclose the following limitations. Lawrence does disclose *wherein the remote terminal is used by the patient* (see at least Fig. 1, Fig. 2, column 5, lines 55-60). In this citation, a physician access point unit is serving as transmitter to transmit patient information and data. Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Lawrence and Guan's cyber hospital system with Lawrence's patient remote access because, it would help to easily access a patient medical records pertaining to the patient. The benefit is to improve the integrity of stored patient medical records.

43. **Claim 15:**

Lawrence and Guan disclose the limitations as shown in the rejections above. Lawrence and Guan does not disclose *wherein the remote terminal is used in a hospital*. However, the Examiner takes **Official Notice** that it is old and well-known in the Information Technology (IT) arts for a network to have an externally located database processor to store doctor's information. Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Lawrence and Guan's cyber hospital system with an remote terminal because, it would help to safeguard the information stored in the

database. The benefit is to improve the integrity of stored patient medical records.

44. Claim 16:

Lawrence and Guan disclose the limitations as shown in the rejections above. Lawrence and Guan does not *wherein a first doctor is determined based on the first doctor information by the remote terminal*. However, the Examiner takes **Official Notice** that it is old and well-known in the medical records arts for a doctor referral system to be based on remote doctor information. Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Lawrence and Guan's cyber hospital system with a remote doctor referral system because, it would help to quickly retrieve patient information. The benefit is to improve the quality of stored patient medical records.

45. Claim 30:

Lawrence and Guan disclose the limitations as shown in the rejections above. Lawrence and Guan does not disclose *wherein the database is provided at an external location*. However, the Examiner takes **Official Notice** that it is old and well-known in the Information Technology (IT) arts for a network to have an externally located database processor to store doctor's information. Therefore, it would have been obvious to one of ordinary skill in the art at the time of the

invention to combine Lawrence and Guan's cyber hospital system with a remote database that uses processors because, it would help to safeguard the information stored in the database. The benefit is to improve the integrity of stored patient medical records.

46. **Claim 48:**

Lawrence and Guan disclose the limitations as shown in the rejections above. Lawrence and Guan does not disclose *wherein the processor specifies an information type for the request and makes the request based on the information type*. However, the Examiner takes **Official Notice** that it is old and well-known in the Medical arts for a medical network to have the ability to request medical information based on the information type because it shows the importance of data categories and organization. Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Lawrence and Guan's cyber hospital system with an organized way of requesting the correct medical information because, it would help to safeguard the information stored in the database. The benefit is to improve the integrity of stored patient medical records.

47. **Claims 50-57, 61 and 62:**

Lawrence and Guan disclose the limitations as shown in the rejections above. Lawrence and Guan does not disclose the following limitations. Lawrence further discloses:

- *50. wherein the deduced medical condition represent a disease name.*
- *51. further comprising a first preparation unit configured to prepare a medical action plan based on the deduced medical condition.*
- *52. further comprising a forecast unit configured to forecast a future condition of the patient which is expected by implementing the medical action plan on the patient.*
- *53. further comprising a second preparation unit configured to sort out display information from the deduced medical condition, the prepared medical action plan, and the forecast future condition and to prepare display data including the sorted out display information, wherein the display data are transmitted to the remote terminal as a part of the second patient information.*
- *54. further comprising a second preparation unit configured to prepare display data including the deduced medical condition, the prepared medical action plan, and the forecast future condition, wherein the display data are transmitted to the remote terminal as a part of the second patient information.*
- *55. further comprising a second processor configured to make a request to one or more of the databases so as to collect relating information which relates to the medical action plan, wherein, when detail information of the medical action plan*

is requested by the remote terminal, the relating information is transmitted to the remote terminal.

- *56. further comprising a forecast unit configured to forecast a future condition of the patient which is expected by implementing a medical practice represented in medical practice information on the patient when the input unit is further configured to input the medical practice information from the remote terminal.*
- *57. wherein the transmitter is further configured to transmit the forecasted future condition to the remote terminal.*
- *61. further comprising a second processor configured to collect patient information based on the patient identification information, to deduce a medical condition of the patient based on the first and patient information, to prepare a medical action plan based on the deduced medical condition, and to forecast a future condition of the patient which is expected by implementing the medical action plan on the patient.*
- *62. wherein the transmitter is further configured to transmit at least one of the patient condition information, the patient information, the deduced medical condition, the prepared medical action plan, and the forecasted future condition to a first doctor determined based on the first doctor information by the remote terminal.*

These limitations as a whole, describe the general logistics involved when a medical patient is being diagnosed and the additional treatment planning involved when a patient requires future care to overcome an illness or disease.

Also, items such as remote terminals, processors, computers used as transmit units and forecast units are all associated with a hospital network. However, the Examiner takes **Official Notice** that it is old and well-known in the Medical arts for a medical network to have the ability to create future patient treatment plans because it would provide a more comprehensive network hospital system. Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Lawrence and Guan's cyber hospital system with the ability to plan further patient treatment beyond diagnosing because, it would help to improve the long term care of medical patients. The benefit is to improve the treatment of medical patients.

48. **Claim 59:**

Lawrence and Guan disclose the limitations as shown in the rejections above. Lawrence and Guan does not disclose *further comprising a deduction unit configured to deduce a disease name of the patient based on the first and second patient information, wherein the virtual patient body is marked where the deduced disease name is related*. However, the Examiner takes **Official Notice** that it is old and well-known in the Medical arts for a medical network to have the ability to deduce a disease name based on the medical condition of a patient's body part, because it shows the importance of utilizing all necessary resources when diagnosing a patient. Therefore, it would have been obvious to one of ordinary skill in the art at the time of the invention to combine Lawrence and

Guan's cyber hospital system with an glossary of diseases associated with medical conditions and particular body parts because, it would help with the accuracy of diagnosing medical patients. The benefit is to improve the quality of medical healthcare.

49. **Claim 64:**

Lawrence, as shown, discloses the following limitations:

- *inputting patient condition information and patient identification information from a remote terminal through a network* (see at least column 20, lines 14-31);
- *collecting patient information based on the patient identification information* (see at least column 20, lines 14-31);

Lawrence discloses the limitations as shown in the rejections above. Lawrence does not disclose the following limitations:

- *deducing a medical condition of the patient based on the patient condition information and the patient information;*
- *preparing a medical action plan based on the deduced medical condition; and*
- *forecasting a future condition of the patient which is expected by implementing the medical action plan on the patient .*

However, the Examiner takes **Official Notice** that it is old and well-known in the medical arts that the analysis involved with treating a patient involves deducing a medical condition, preparing a treatment plan based on a prognosis, and planning a future condition of the patient based on the progress of a

treatment plan. It would have been obvious to a person having ordinary skill in the art at the time of invention to combine Lawrence's patient identification and medical condition with a detailed patient treatment plan to avoid providing medical services to the wrong patient. Combining them would provide a more comprehensive method to diagnosis a patient. Therefore, it would improve healthcare, as we know it.

Conclusion

Any inquiry of a general nature or relating to the status of this application or concerning this communication or earlier communications from the Examiner should be directed to **Teresa Woods** whose telephone number is **571.270.5509.** The Examiner can normally be reached on Monday-Friday, 9:30am-5:00pm. If attempts to reach the examiner by telephone are unsuccessful, the Examiner's supervisor, **JAMES A. REAGAN** can be reached at **571.272.6710**.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://portal.uspto.gov/external/portal/pair . Should you have questions on

access to the Private PAIR system, contact the Electronic Business Center (EBC) at **866.217.9197** (toll-free).

Any response to this action should be mailed to:

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or faxed to **571-273-8300**.

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Examiner, Art Unit 4114

02/27/09

/James A. Reagan/

Supervisory Patent Examiner, Art Unit 4114